

State of New Hampshire New Hampshire Board of Nursing

21 S. Fruit St., Ste 16 Concord, NH 03301-2431

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

Welcome. You are applying for an initial New Hampshire Nursing Assistant License.

There are three main ways to qualify for an initial NH Nursing Assistant License.

The table and checklist below will help guide you in the application process.

Complete the checklist section that applies to you and submit this checklist with the Application for Endorsement NH Nursing Assistant License.

Section I	Section II	Section III
License by Competency Evaluation:	License by Comparable Education:	License by Endorsement:
This means that you have completed a NH Nursing Assistant Education Program and written and clinical testing.	This means that you have completed the Nursing Fundamentals portion of a RN or LPN program or a LNA Challenge Exam and written and clinical testing.	This means that you hold an active Nursing Assistant License, Certification or Registration in another state.
<p>Must be Completed for Section #I, II or III</p> <p><input type="checkbox"/> YES I have followed Board directives (www.state.nh.us/nursing), to comply with the new FBI fingerprint and NH background check requirements and provided the required fee of \$51.50, payable to: <u>State of NH -Criminal Records</u>.</p> <p>Your criminal record will be processed and sent directly to the Board of Nursing. Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal record report. The Board can only accept criminal record reports that are sent to us by the NH State Police.</p>		
<p>I have attached a copy of my LNA Education Program Certificate:</p> <p>YES <input type="checkbox"/> OR</p> <p>I have attached a final Report of my Written and Clinical Competency Testing Results: YES <input type="checkbox"/></p>	<p>I have attached a copy of one of the following:</p> <p>Nursing Program Official Transcript documenting completion of Nursing Fundamentals: YES <input type="checkbox"/> OR</p> <p>Letter from my Nursing Program verifying completion of Nursing Fundamentals: YES <input type="checkbox"/> OR</p> <p>Challenge Exam Certificate and final report of Written and Clinical Competency Testing Results YES <input type="checkbox"/></p>	<p>I have attached a copy of my out-of-state Nursing Assistant License or certificate:</p> <p>YES <input type="checkbox"/></p> <p>I have completed and sent request for verification of any/all out of state licenses/certifications/registrations:</p> <p>YES <input type="checkbox"/> AND</p> <p>I have completed and attached the Contact Hour Documentation Form</p> <p>YES <input type="checkbox"/></p> <p>*You may make multiple copies of the verification form if needed*</p>
<p>I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u></p> <p>YES <input type="checkbox"/></p>	<p>I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u></p> <p>YES <input type="checkbox"/></p>	<p>I have completed and attached the Board of Nursing <u>Application for Initial NH Nursing Assistant License:</u></p> <p>YES <input type="checkbox"/></p>
<p>I have attached a check or money order for \$35.00, payable to: <i>Treasurer, State of New Hampshire</i> (please note that all fees are non-refundable): YES <input type="checkbox"/></p>	<p>I have attached a check or money order for \$35.00, payable to: <i>Treasurer, State of New Hampshire</i>: (please note that all fees are non-refundable): YES <input type="checkbox"/></p>	<p>I have attached a check or money order for \$35.00, payable to: <i>Treasurer, State of New Hampshire</i>: (please note that all fees are non-refundable): YES <input type="checkbox"/></p>
Print Name:	Signature:	Date

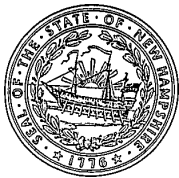
The Board of Nursing does not provide paper licenses and does not notify the applicant when licensed.

Licensure can be verified on the Board website at www.nh.gov/nursing under the “ On-Line Verification” link in the “Quick Links” box on the right hand side of the Home Page.

Application/licensing process not completed within 120 days will be purged.

New Hampshire has a mandatory licensing law; no one shall practice as a licensed nursing-assistant (LNA) without a current New Hampshire license.

LNA Endorsement – Updated 9/2012 lat



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New Hampshire Board of Nursing
21 S. Fruit St., Ste. 16
Concord, NH 03301-2431

For Office Use Only

Fee: _____
Rec'd: _____
Ck/mo#: _____
Reg # _____
Issued: _____

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Application for New

Endorsement

Hampshire Nursing Assistant License by

Please note that all questions must be answered or your application will be returned to you.

Last Name:		First Name:		Middle Initial	Maiden/Other Names Used:
Home Mailing Address:			Please provide your e-mail address:		
City or Town:				State:	Zip Code:
Date of Birth: / /		Phone Number: () -		Social Security # (required): / /	
If you answered YES to questions (1-4), you must attach a letter of explanation.					
1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender? YES <input type="checkbox"/> NO <input type="checkbox"/>					
2. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled? YES <input type="checkbox"/> NO <input type="checkbox"/>					
3. Have you ever been convicted of a felony or any criminal act, not including traffic offenses? YES <input type="checkbox"/> NO <input type="checkbox"/> (Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations.")					
4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Do you want your name and address on a list of nurses that may be made available for purchase? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Do you want your name and address on a list that may be made available for individuals conducting healthcare research? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Name of Nursing or Nursing Assistant Program:					
Date of Program Certificate or completion of fundamentals of Nursing course:			Have you taken a Written and Clinical Competency Test within the past 2 years? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Were any special arrangements made for you during the nursing assistant program or competency testing because of a physical or mental condition? *YES <input type="checkbox"/> NO <input type="checkbox"/> *If YES, please attach a letter of explanation.					
Have you provided a minimum of 200 hours of nursing related activities under the supervision of a licensed nurse within the 2 years immediately prior to this application? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you completed 12 contact hours of continuing education for each year, (for a total of 24) prior to this application? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Name of Current Employer:		Phone Number of Current Employer: () -		Check here if you are not currently employed as a Nursing Assistant.	
Address of Current Employer:				Date of Hire:	
Do you now hold (or have you ever held) a Nursing or Nursing Assistant Certification, License or Registration in any other state? YES <input type="checkbox"/> NO <input type="checkbox"/> *If you answered YES , please complete the information requested for each state in which you have held a certification, license or registration.				State(s):	License Type:
				Expiration Date:	
UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).					
Full Signature of Applicant:					Date:

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LNA Endorsement – Updated 9/2012 lat



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BOARD OF NURSING RECORD INFORMATION AUTHORIZATION

BOARD OF NURSING NH RSA 326-B:15

LIVE SCAN - \$41.50 -or- INKED - \$51.50

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ **HAIR COLOR** _____ **EYE COLOR** _____ **SEX** _____

DRIVER LICENSE NUMBER _____ **STATE** _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ **DATE** _____
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NEW HAMPSHIRE BOARD OF NURSING

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 21 South Fruit Street, Suite 16, CONCORD NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ **DATE** _____

NOTARY'S SIGNATURE _____ **DATE** _____
(Affix Seal) (Comm. Exp.)

NH BOARD OF NURSING

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

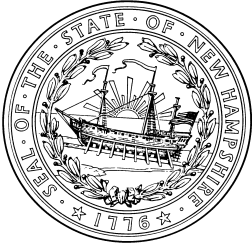
NOTE: Make checks payable to: State of NH – Criminal Records.

MAIL: the completed criminal background form and check to NH Board of Nursing, 21 S. Fruit St., Ste. 16, Concord NH 03301

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REQUEST FOR VERIFICATION OF NURSING ASSISTANT LICENSE

SECTION I: COMPLETE SECTION I AND FORWARD TO EACH STATE WHERE HAVE HELD A NURSING ASSISTANT LICENSE, REGISTRATION OR CERTIFICATION. CHECK WITH EACH STATE AS TO ANY FEE THAT MAY BE REQUIRED.
(This form may be reproduced).

Name: _____
(Last) (First) (Middle) (Maiden) (Other names used.)

Address: _____
(Street) (City) (State/Country/Province) (Zip)

D.O.B. _____ Social Security Number: (required) ____/____/____

Nursing Assistant Program: _____

Address: _____
(Street) (City) (State/Province) (Zip)

License/Registration /Certification number: _____ State _____ Date Issued: _____

I hereby authorize the Registry to provide the New Hampshire Board of Nursing the information requested in Section II.

Date: _____ Signature : _____

ORIGINAL AND CURRENT VERIFYING AGENCIES ONLY

Section II:

The above applicant has applied for licensure as a licensed nursing assistant . Please provide the following information and return the completed form directly to the New Hampshire Board of Nursing, 21 S. Fruit St Ste. 16, Concord, NH 03301-2431

_____ was issued Registration/License # _____ on _____.
(Name)

Nursing Assistant Program: _____ Date of Completion: _____
(Name) (Date)

Location: _____ Approved: Yes () No () _____
(City) (State)

Method of Registration/Licensure: Deemed _____ Endorsement _____ Examination _____
Exam Date

Current Status: Active _____ Inactive _____ Date of Expiration: _____

Has this license/registration ever been reprimanded, revoked, suspended, surrendered, probated, limited, denied,
disciplined, stipulated, for education or practice or fined?

YES () NO ()

If "Yes", please provide certified copies of the Board's order and other relevant documents.

Verification to other boards: _____
(Indicate States/Jurisdictions)

Signed: _____

Title: _____

SEAL

State: _____ Date: _____

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